

# **Personal Planning Checklist**

## **Legal Issues in Family & Personal Affairs Planning**

FAMILY, PERSONAL & FINANCIAL INFORMATION

CONFIDENTIAL

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## Personal Information

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail address: \_\_\_\_\_

### Personal Computer Information:

Password	Location of Computer
_____	_____
_____	_____
_____	_____

Employment: \_\_\_\_ Retired  
                  \_\_\_\_ Employed  
                  \_\_\_\_ Self-Employed  
                  \_\_\_\_ Not employed outside of the home

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Business Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Social Security Account Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_ \_\_\_\_ \_\_\_\_  
(Month) (Day) (Year)

Citizenship: \_\_\_\_\_

Mother's maiden name: \_\_\_\_\_

Marital Information

\_\_\_\_ Spouse deceased?

\_\_\_\_ Married?

\_\_\_\_ Divorced?

Spouse's Last Name: \_\_\_\_\_

Spouse's First Name: \_\_\_\_\_

Spouse's Middle Initial: \_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Personal Computer Information:

Password

Location of Computer

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Spouse Employment: \_\_\_\_\_ Retired

\_\_\_\_\_ Employed

\_\_\_\_\_ Self-Employed

\_\_\_\_\_ Not employed outside of the home

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Business Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Spouse's Social Security Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_  
(Month) (Day) (Year)

Spouse's Citizenship: \_\_\_\_\_

Mother's maiden name: \_\_\_\_\_

Date of Marriage: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_  
(Month) (Day) (Year)

Place of Marriage: \_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)      \_\_\_\_\_  
(ZIP)

Have you and spouse ever lived in a community property jurisdiction? (Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Puerto Rico, Texas and Washington).

Dates		
From	To	Jurisdiction
_____	_____	_____
_____	_____	_____

	From	To
States Lived in After Marriage:	_____	_____
	(State)      (Year)	(Year)
	_____	_____
	(State)      (Year)	(Year)
	_____	_____
	(State)      (Year)	(Year)

	From	To
Foreign Countries Lived in After Marriage:	_____	_____
	(Country)	(Year)      (Year)
	_____	_____
	(Country)	(Year)      (Year)

Is there a pre-marital or marital agreement?      \_\_\_\_\_  
(Yes)      (No)

Previous Marriages: \_\_\_\_\_  
(No)      (Yes)

Children:                
(No) (Yes)

Other Dependents:                
(No) (Yes)

Grandchildren:                
(No) (Yes)

Note: Detailed family information is recorded in Schedule I, Family Information

1. Military service: Branch of service: \_\_\_\_\_

Grade/rank: \_\_\_\_\_

Serial number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Dates of service: \_\_\_\_\_

2. Describe significant health problems for you or your spouse.

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3. Have you, your spouse or any child had a name changed by court proceedings? If yes, give details.

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4. a. Have you or spouse made gifts in excess of \$3,000 in value to any donee in any one year prior to 1982?

b. Have you or spouse made gifts in excess of \$10,000 in value to any donee in any one year after 1981?

c. If yes, have gift tax returns been filed? Provide details.

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5. Have gifts been made in trust? If yes, provide details.

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6. Have gifts been made under Uniform Gifts to Minors Act? If yes, give details on custodian and property.

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7. Do you or spouse wish to forgive any debts at death?

Name of Debtor	Debtor's Address	Amount	Type of Debt
_____	_____	\$ _____	_____
	_____		
_____	_____	\$ _____	_____
	_____		

8. Are you or your spouse considering charitable bequests/gifts? If yes, give details.

Name of Charity	Address	Amount	Notes
_____	_____	\$ _____	_____
	_____		
_____	_____	\$ _____	_____
	_____		

9. Do you or your spouse have specific instructions for burial, cremation or donation of body organs?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Do you, your spouse or children anticipate receiving any inheritances? If yes, give source, estimated amount and beneficiary:

Source	Amount	Other Information
_____	\$ _____	_____
_____	\$ _____	_____

11. Are any assets held by you or spouse recently inherited?

Source	Amount	Other Information
_____	\$ _____	_____
_____	\$ _____	_____

12. Advisors.

	Name	Address	Telephone #
Accountant	_____	_____	_____
Stock Broker	_____	_____	_____
Financial Advisor	_____	_____	_____
Trust Officer	_____	_____	_____
Banker	_____	_____	_____
Physician	_____	_____	_____
Other	_____	_____	_____

13. Give names, relationships and addresses of first and second choices for a personal representative of your estate.

First Choice

Name	Address	Telephone Number
_____	_____	_____
	_____	

Relationship

\_\_\_\_\_

Second choice

Name	Address	Telephone Number
_____	_____	_____
	_____	

Relationship

\_\_\_\_\_

14. Give names, relationships and addresses of first and second choices for Trustee of any trust that may be established as a part of your estate plan.

First Choice

Name	Address	Telephone Number
_____	_____	_____
	_____	

Relationship

\_\_\_\_\_

Second Choice

Name	Address	Telephone Number
------	---------	------------------

_____	_____	_____
	_____	

Relationship

\_\_\_\_\_

15. Give names, relationships and addresses of first and second choices for Guardian of the person(s) of any minor children.

First Choice

Name	Address	Telephone Number
------	---------	------------------

_____	_____	_____
	_____	

Relationship

\_\_\_\_\_

**Asset Information**

Please complete Schedules A through G attached to this form and note any questions or uncertainties.

REAL ESTATE (Schedule A)  
STOCKS AND BONDS (Schedule B)  
BANK ACCOUNTS, MONEY MARKET ACCOUNTS,  
CERTIFICATES OF DEPOSIT & SAFE DEPOSIT (Schedule C)  
LIFE INSURANCE (Schedule D)  
PERSONAL PROPERTY (Schedule E)  
INTEREST IN TRUSTS (Schedule F)  
EMPLOYEE BENEFIT/RETIREMENT PLANS (Schedule G)

### **Liabilities**

Please complete Schedule H attached.

### **Family Information**

Please complete Schedule I attached.

### **Family Budget**

Please complete Schedule J attached

SCHEDULE A  
REAL PROPERTY

Type of Property: \_\_\_\_\_

Use: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Listed Owners: \_\_\_\_\_

Legal Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Value: \$ \_\_\_\_\_

Mortgage: \_\_\_\_\_ (Yes) (No)

Name of Lender: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Second mortgage: \_\_\_\_\_  
(Yes) (No)

Name of Lender: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

#### Security System

Name of Provider: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Password: \_\_\_\_\_

#### Other Liens

	Amount	Name & Address of Lienholder	Telephone #
Judgment	\$ _____	_____	_____
		_____	
Taxes	\$ _____	_____	_____
		_____	
Mechanics'	\$ _____	_____	_____
		_____	
Other	\$ _____	_____	_____
		_____	

SCHEDULE B  
STOCKS & BONDS

Ownership  
W-Wife  
H-Husband  
J-Joint

Number of Shares	Company	Date Acquired	Cost or Basis Value	Current Value
_____	_____	_____	_____	_____
_____				
_____	_____	_____	_____	_____
_____				
_____	_____	_____	_____	_____
_____				
_____	_____	_____	_____	_____
_____				
_____	_____	_____	_____	_____
_____				
_____	_____	_____	_____	_____
_____				
_____	_____	_____	_____	_____
_____				



SCHEDULE C  
BANK ACCOUNTS, MONEY MARKET ACCOUNTS,  
CERTIFICATES OF DEPOSIT & SAFE DEPOSIT

Bank Accounts, Money Market Accounts & Certificates of Deposit

Bank/Custodian: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Type of Account	Amount	Ownership	Liens
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

Bank/Custodian: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Type of Account	Amount	Ownership	Liens
_____	\$ _____	_____	_____

_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

Bank Accounts, Money Market Accounts & Certificates of Deposit

Bank/Custodian: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Type of Account	Amount	Ownership	Liens
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

Bank/Custodian: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Type of Account	Amount	Ownership	Liens
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

#### Deeds of Trust (Mortgages) and Notes Receivable

Name of Debtor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Type of Debt	Principal Amount	Rate of Interest	Ownership	Date Principal Due
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____

Name of Debtor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Type of Debt	Principal Amount	Rate of Interest	Ownership	Principal Due
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____

Name of Debtor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

#### Deeds of Trust (Mortgages) and Notes Receivable

Type of Debt	Principal Amount	Rate of Interest	Ownership	Principal Due
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____

Name of Debtor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Type of Debt	Principal Amount	Rate of Interest	Ownership	Principal Due
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____

Name of Debtor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Type of Debt	Principal Amount	Date Rate of Interest	Ownership	Principal Due
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____
_____	\$ _____	_____	_____	_____

#### Safe Deposit Box

Name & Address of Bank	Name & Address of Joint Owner
_____	_____

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Box # \_\_\_\_\_ Number & Location of Keys

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Location of Important Documents

	Items in safe deposit box	Other Location of the Item
_____ Social Security Card	_____	_____
_____ Birth Certificate		
_____ Naturalization Certificate	_____	_____
_____ Citizen Documents	_____	_____
_____ Marriage Documents	_____	_____
_____ Divorce Documents	_____	_____
_____ Real Estate Deeds & Deeds of Trust or Mortgages	_____	_____
_____ Stock Certificates	_____	_____
_____ Automobile, Aircraft, Watercraft Title Documents	_____	_____
_____ Power of Attorney	_____	_____

	Items in safe deposit box	Other Location of the Item
_____ Will or Trust Documents	_____	_____
_____ Insurance Policies	_____	_____
_____ Bonds	_____	_____
_____ Tax Records	_____	_____
_____ Bank Records	_____	_____
_____ Other Documents		
_____	_____	_____
_____	_____	_____

SCHEDULE D  
INSURANCE

1. Company	Policy #	Beneficiary	Owner
<hr/>			
Face Amount	Amount of Policy Loan	Cash Value	Type of Policy (Whole, term or group)
\$ _____	\$ _____	\$ _____	_____
<hr/>			
2. Company	Policy #	Beneficiary	Owner
<hr/>			
Face Amount	Amount of Policy Loan	Cash Value	Type of Policy (Whole, term or group)
\$ _____	\$ _____	\$ _____	_____
<hr/>			
3. Company	Policy #	Beneficiary	Owner
<hr/>			
Face Amount	Amount of Policy Loan	Cash Value	Type of Policy (Whole, term or group)
\$ _____	\$ _____	\$ _____	_____
<hr/>			
4. Company	Policy #	Beneficiary	Owner
<hr/>			
Face Amount	Amount of Policy Loan	Cash Value	Type of Policy (Whole, term or group)
\$ _____	\$ _____	\$ _____	_____



SCHEDULE E  
PERSONAL PROPERTY

TANGIBLE PERSONAL PROPERTY

(Automobiles, boats, antiques, art, jewelry, coin collections and other valuables or furnishings.)

Item Description	Ownership W-Wife H-Husband J -Joint	Location	Estimated Fair Market Value
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**BUSINESS INTERESTS:**

Briefly describe any interest you or your spouse may have in a sole proprietorship or partnership.

Name of Business	Location	Nature of Interest	Estimated Value	Restrictions & Additional Information
1. _____	_____	_____	\$ _____	_____
	_____			_____
2. _____	_____	_____	\$ _____	_____
	_____			_____
3. _____	_____	_____	\$ _____	_____
	_____			_____
4. _____	_____	_____	\$ _____	_____
	_____			_____

SCHEDULE F  
INTERESTS IN TRUSTS

1. Are there any trusts in existence not created by you or your spouse in which you possess any beneficial interest or trusteeship? If yes, briefly describe.

Name of Trust	Name of Beneficiary	Approximate Present Value	Power of Appointment
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

2. Have you or your spouse, at any time, exercised or released a "general power of appointment?" If yes, give details and provide copies of any related documents.

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SCHEDULE G  
EMPLOYEE BENEFITS

Pension, Employee Benefit & Retirement Accounts

Custodian: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer	Present Contribution	Value	Retirement Benefit	Survivor Benefits	Death Benefits
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Military service: Branch of service: \_\_\_\_\_

Grade/rank: \_\_\_\_\_

Serial number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Dates of service: \_\_\_\_\_

Amount of retired pay \$ \_\_\_\_\_/month

Amount of disability pay \$ \_\_\_\_\_/month

Social Security:

Amount of retired pay \$ \_\_\_\_\_/month

Amount of disability pay \$ \_\_\_\_\_/month

Other Pension or retirement:

Amount of retired pay \$ \_\_\_\_\_/month

Amount of disability pay \$ \_\_\_\_\_/month

# SCHEDULE H LIABILITIES

Type of Liability	Name & Address of Creditor	Amount
1. _____	_____	\$ _____

\_\_\_\_\_

Security for Debt	Interest Rate	Due Date	Other Terms
_____	_____ %	_____	_____

2. _____	_____	\$ _____
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\_\_\_\_\_

Security for Debt	Interest Rate	Due Date	Other Terms
_____	_____ %	_____	_____

3. _____	_____	\$ _____
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\_\_\_\_\_

Security for Debt	Interest Rate	Due Date	Other Terms
_____	_____ %	_____	_____

### Credit Accounts

Name of Company	Address	Account #	Telephone # for Loss Notification
1. _____	_____	_____	____-____-_____
	_____		
2. _____	_____	_____	____-____-_____
	_____		
3. _____	_____	_____	____-____-_____
	_____		
4. _____	_____	_____	____-____-_____
	_____		
5. _____	_____	_____	____-____-_____
	_____		
6. _____	_____	_____	____-____-_____
	_____		

SCHEDULE I  
FAMILY INFORMATION

Children that are the issue of this marriage.

Child 1.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Social Security Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_  
(Month) (Day) (Year)

Citizenship: \_\_\_\_\_

Significant medical or physical problems: \_\_\_\_\_

Child Support:

	Payable Until
Amount/month	Age:
\$ _____	_____

Child 2.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Social Security Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_  
(Month) (Day) (Year)

Citizenship: \_\_\_\_\_

Significant medical or physical problems: \_\_\_\_\_

Child Support:

	Payable Until
Amount/month	Age:

\$ _____	_____
----------	-------

Child 3.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Social Security Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_  
(Month) (Day) (Year)



Citizenship: \_\_\_\_\_

Significant medical or physical problems: \_\_\_\_\_

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Child Support:

	Payable Until
Amount/month	Age:
\$ _____	_____

Child 4.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Social Security Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_ \_\_\_\_ \_\_\_\_  
(Month) (Day) (Year)

Citizenship: \_\_\_\_\_

Significant medical or physical problems: \_\_\_\_\_

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Child Support:

	Payable Until
Amount/month	Age:
\$ _____	_____

## Parents

Father's

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Social Security Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_  
(Month) (Day) (Year)

Citizenship: \_\_\_\_\_

Mother's

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Social Security Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_  
(Month) (Day) (Year)

Citizenship: \_\_\_\_\_

Spouse's Parents

Father's  
Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Social Security Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_  
(Month) (Day) (Year)

Citizenship: \_\_\_\_\_

Mother's  
Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Social Security Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

(Month) (Day) (Year)

Citizenship: \_\_\_\_\_

Grandchildren

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Social Security Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_  
(Month) (Day) (Year)

Citizenship: \_\_\_\_\_

Father: \_\_\_\_\_  
(Last Name)

\_\_\_\_\_  
(First Name) (MI)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Social Security Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mother: \_\_\_\_\_  
(Last Name)

\_\_\_\_\_  
(First Name) (MI)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Social Security Account Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SCHEDULE J  
FAMILY BUDGET

Budget for: \_\_\_\_\_

Date: \_\_\_\_\_

Prior Balance    \$

-----

Funds Received:

Wages

Support

Interest

Dividends

Savings

Other

-----

Total Received    \$

-----

Funds Spent:

Federal Tax

State Tax

Social Security

Pension

Other Withholding

Housing

Real Estate Tax

House Insurance

Electricity

Water & Sewage

Gas/Oil

Telephone

Cable TV

Trash Collection

Food

Clothing

Personal Care

Dental

Medical

Health Insurance

Life Insurance

Gasoline

Auto Repairs

Auto Insurance

School Expenses

Entertainment  
Miscellaneous  
Other

Total Spent	----- \$
Balance	----- \$ =====

